



Application for Funeral Director License

Date: _____

Fee: \$100.00

Business Name: _____

Business Address: _____

Mailing Address (if different): _____

Name and Title of Applicant: _____

Name of Owner (if different): _____

Business Phone Number: _____ Business Email: _____

Other Emergency Contact Number of Responsible Party: _____

List all Funeral Directors:

Name

Title

Home Address

<u>Name</u>	<u>Title</u>	<u>Home Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

****LICENSE WILL NOT BE ISSUED UNLESS ATTACHED CERTIFICATION CLAUSE FOR STATE TAXES IS SIGNED BY THE APPLICANT.**

BOARD OF HEALTH USE ONLY

Permit No. _____

Permit Approved / Denied Date: _____

If denied, reason: _____

Fee amount and date collected: _____



Building And Promoting A Healthy Community